

POSITION	ID NO.	DATE
CLASSIFIER	6	9-24-93
EXAMINER	249	10/1/93
TYPIST	380	10/16
VERIFIER	290 10-14	
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	
2	
3	
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12	
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17	✓
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25	✓
26	✓
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30	✓
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32	✓
33	✓
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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